

## CALIFORNIA STATE EMPLOYEES' CHARITABLE CAMPAIGN 2004 PRINCIPAL COMBINED FUND DRIVE APPLICATION




California Government Code section 13923 and Title 2, California Code of Regulations, section 663, govern the solicitation of State officers and employees for charitable purposes and allow for payroll deductions related to the solicitation. State officers and employees may be solicited only by a Victim Compensation and Government Claims Board (Board) approved Principal Combined Fund Drive (PCFD).

### FORM INSTRUCTIONS

**The following items must be returned to the Board in order to be considered for participation in the 2004 Campaign. The complete application must be postmarked no later than MARCH 15, 2004.**

1. Complete sections I-VII, **including an original signature**. Please print or type all information.
2. A **copy of your 501(c)(3) documentation**, including a letter from the IRS or other state issued documentation authorizing any legal name change.
3. An alphabetical listing of all affiliate member agencies.

**Please Note:**

-  Facsimile applications will **not** be accepted.
-  Any blank areas may result in the application being returned for incompleteness.
-  **Return completed form to:** Victim Compensation and Government Claims Board,  
PO Box 3035, Sacramento CA 95812

*Pursuant to the legal authority cited above, the following organization hereby applies to the Board to serve as a PCFD in a specific area during the 2004 California State Employees' Charitable Campaign (Campaign):*

### **I. ORGANIZATION INFORMATION:**

**Legal name** as recognized by the I.R.S. as 501(c)(3) exempt; also any changes must include supporting documentation, i.e., doing business as statement or fictitious business name statement.

PHYSICAL ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

*(Please do not use letters.)*

### **II. CONTACT INFORMATION:**

PRIMARY CONTACT: \_\_\_\_\_

*(name and title)*

EMAIL ADDRESS: \_\_\_\_\_

WEB PAGE ADDRESS: \_\_\_\_\_

2004 PCFD

Board Use ONLY:

CSECC ID Number: \_\_\_\_\_

**III. AFFILIATE MEMBER AGENCY INFORMATION**

A. Specify the number of affiliated members that would financially benefit from your effort as a Federation during the 2004 Campaign:

B. Attach a complete alphabetical listing of your affiliates that have applied for participation in the 2004 Campaign.

**IV. GEOGRAPHIC BOUNDARIES**

Please indicate the California counties or regions where your organization normally operates.

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**V. DESCRIPTION OF ACTIVITIES****New Applicants**

Please provide a statement, no greater than 25 words in length,<sup>1</sup> describing your organization's activities. DO NOT include the name of your organization in your statement. Your web address may be included and will not be counted as part of the 25 words. This statement will be included in the local Campaign Brochures.

*Sample appearance in brochures:*

**0000 Name of Organization**

Address

Phone no.

25 Word Description

Fundraising and Administrative fees %

**Previous Applicants**

*Modifications may be made by lining out information and writing in the desired wording. A separate sheet may be attached, if necessary.*

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No changes are necessary. Please continue to use the previous statement

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**VI. FEES AND EXPENSES.**

1. Specify below the proposed fee, as a percentage of contributions received, to be charged to affiliates and nonaffiliated beneficiaries (nonaffiliates) for reimbursement of PCFD fundraising and administrative expenses: (Organizations submitting fees in excess of 18% must submit an explanation justifying the need for a higher percentage.)

AFFILIATES		NONAFFILIATES	
Fundraising	%	Fundraising	%
Administrative	%	Administrative	%
TOTAL	%	TOTAL	%

<sup>1</sup> The Board will edit any statement that uses special fonts or exceeds 25 words.

2. Please provide the total amount raised in the previous Fiscal Year.

\$ \_\_\_\_\_  
Total Contributions from previous Fiscal Year

3. Please identify each fundraising and administrative expense by the applicable category and calculate the percentage this figure represents of your total State Campaign dollars. Please state "n/a" in those fields wherein the category does not apply to your organization.

CATEGORY	PERCENT OF CAMPAIGN
Salaries and Benefits	%
Pledge Processing	%
Office Supplies	%
Housing, Rent, or Facilities	%
Utilities	%
Postage	%
Telephone	%
Travel and Training	%
Insurance	%
Equipment Lease	%
Campaign Materials (Brochures, forms, posters, etc.)	%
Marketing/Communications	%
Other (please specify)	%
Other (please specify)	%
<b>TOTAL</b>	<b>%</b>

#### **VII. AS CONDITIONS FOR APPROVAL OF THIS APPLICATION:**

**We agree** to do all of the following as a PCFD agency in the 2004 Campaign:

- 1) Provide all State officers and employees in the PCFD area with a payroll deduction authorization form and all of the following:
  - a. A list of the nonaffiliates that were approved for Campaign participation in the PCFD area;
  - b. Information regarding the purpose of the Board-approved fee that is charged to affiliates and nonaffiliates for reimbursement of PCFD fundraising and administrative expenses; and
  - c. A form on which the officer or employee may designate that contributions be directed to specific affiliates or nonaffiliates. The form must be in triplicate, with one copy intended for (a) the officer or employee, (b) the beneficiary designated by the officer or employee, and (c) the PCFD agency.
- 2) Transmit contributions, as designated by any State officer or employee, to any charitable organization qualified as "exempt" under both Section 23701(d) of the California Revenue and Taxation Code and Section 501(c)(3) of the United States Internal Revenue Code of 1954, after deducting a fee for reimbursement of PCFD fundraising and administrative expenses, (at a Board-approved percentage rate).
- 3) Pay the State of California's cost of establishing charitable-related payroll deductions and remitting the proceeds, as determined by the State Controller.

CSECC ID Number: \_\_\_\_\_

**We agree** that, in consideration for and as a condition of the State Controller withholding and transmitting payroll deductions, as authorized by California Government Code Section 1151(f), we shall hold harmless the State of California, including but not limited to its officers and employees, from any liability that may result from making, canceling, or changing any requested payroll deductions.

**We certify under penalty of perjury:**

- 1) That we are currently a charitable organization qualified as "exempt" under section 23701d of the California Revenue and Taxation Code **and** paragraph (3) of subsection (c) of Section 501 of the Internal Revenue Code of 1954; and
- 2) That we are in compliance with the provisions of the California Fair Employment and Housing Act, Part 2.8 (commencing with section 12900).

**DO NOT SUBMIT THIS APPLICATION UNLESS IT IS COMPLETE;  
INCLUDING ANY REQUIRED DOCUMENTATION**

\_\_\_\_\_  
**Original** Signature of Authorized Officer (blue ink preferred)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed or Printed Name of Authorized Officer

\_\_\_\_\_  
Authorized Officer Title

PLEASE DO NOT SEND EXTRA COPIES OF THE APPLICATION OR  
INFORMATION NOT REQUESTED.

DON'T HESITATE TO CONTACT US IF YOU HAVE ANY QUESTIONS.

Our toll free number is 1- (800)-955-0045.

CSECC law, rules and policies, as well as copies of the application and instructions can be downloaded by visiting our website at [www.boc.ca.gov/csecc.htm](http://www.boc.ca.gov/csecc.htm)

2004 PCFD